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JUN 04 1991
DEPT. OF ECOLOGY

30/36/9 D

WATER WELL REPORT
STATE OF WASHINGTON

Start Card No. 072671
Water Right Permit No.

(1) OWNER: Name CALLISON, PETE Address 2888 SW CAMANO DR CAMANO, WA 98292-
(2) LOCATION OF WELL: County ISLAND - NW 1/4 NW 1/4 Sec 9 T 30 N., R 3E WM
(2a) STREET ADDRESS OF WELL (or nearest address) SAME

(3) PROPOSED USE: DOMESTIC

(4) TYPE OF WORK: Owner's Number of well 1
NEW WELL (If more than one)
Method: ROTARY

(5) DIMENSIONS: Diameter of well 6 inches
Drilled 200 ft. Depth of completed well 200 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 " Dia. from 0 ft. to 190 ft.
WELDED " Dia. from ft. to ft.
" Dia. from ft. to ft.

Perforations: NO

Type of perforator used
SIZE of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

Screens: YES

Manufacturer's Name
Type STAINLESS STEEL Model No.
Diam. 6 slot size from 190 ft. to 200 ft.
Diam. slot size from ft. to ft.

Gravel packed: NO
Gravel placed from ft. to ft. Size of gravel ft.

Surface seal: YES To what depth? 18 ft.
Material used in seal BENTONITE
Did any strata contain unusable water? NO
Type of water? Depth of strata ft.
Method of sealing strata off

(7) PUMP: Manufacturer's Name
Type H.P.

(8) WATER LEVELS: Land-surface elevation
above mean sea level ... ft.
Static level 133 ft. below top of well Date 05/24/91
Artesian Pressure lbs. per square inch Date
Artesian water controlled by

(10) WELL LOG

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.

MATERIAL	FROM	TO
BROWN TOPSOIL	0	2
TAN CLAY	2	8
SAND	8	80
CLAY & SAND	80	160
FINE SILT	160	170
BLUE CLAY	170	178
DIRTY SAND	178	190
SAND & WATER	190	200

Work started 05/22/91 Completed 05/24/91

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.
Was a pump test made? NO If yes, by whom?
Yield: gal./min with ft. drawdown after hrs.

Recovery data
Time Water Level Time Water Level Time Water Level

Date of test / /
Bailer test gal./min. 36 ft. drawdown after hrs.
Air test 34 gal./min. w/ stem set at ft. for hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? YES

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME DAHLMAN PUMP & WELL DRILL
(Person, firm, or corporation) (Type or print)

ADDRESS PO BOX 422, BURLINGTON, WA

(SIGNED) Bruce M. Soule License No. 1810

Contractor's
Registration No. DAHLMPW123LC Date 05/31/91

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Recovery data

Time	Water Level	Time	Water Level	Time	Water Level
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NAME DAHLMAN PUMP & WELL DRILL

(Person, firm, or corporation) (Type or print)

ADDRESS PO BOX 422, BURLINGTON, WA

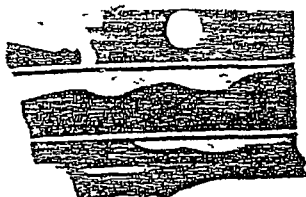
[SIGNED] *Brian M. Sully* License No. 1810

Contractor's

Registration No. DAHLMPW123LC

Date 05/31/91

Date of test / /
 Bailer test gal/min. 56 ft. drawdown after hrs.
 Air test 34 gal/min. w/ stem set at ft. for hrs.
 Artesian flow g.p.m. Date
 Temperature of water Was a chemical analysis made?



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form



Unique Well Tag No: AKY-799

RECORD VERIFICATION (check one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

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301

WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

First Name SEA SONG LANE Last Name WATER SYSTEM

Street Address 14000 SE 50th

City Bellvue State WA 98006

LOCATION OF WELL IF DIFFERENT FROM WELL REPORT

Well Address: Parcel 57420-00-00023-1 Sea Song Lane and West Camano Drive

City Camano Island County Island

T. 30 N R 3 E WM Sec 9 NE 1/4 of the NE 1/4

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available.

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

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Department of Health
Div of Drinking Water

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Description of well (size or casing type or well housing, etc.)

Well in open field adjacent to
pump house - 6 inch casing

or Well Identification Tag

tag strapped to well casing

Supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

C	B	A
F	G	H
L	K	J
P	Q	R

Scale 1 24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

9

well

ITS

DIRECT ECOLOGY WATER RESOURCES PROGRAM ONLY

1#

Date Issued

Application

Permit

Certificate

Claim

Exempt